

# Town of North Hempstead

## Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662

[www.northhempsteadny.gov](http://www.northhempsteadny.gov)

Appl. Number: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
(Official Use Only)

### APPLICATION FOR TEMPORARY BUILDING PERMIT (section 2-9)

Issued pursuant to the provisions of the Building Zone Ordinance and the Administration and Enforcement Ordinances of the Code of the Town of North Hempstead

Location of Permit Activity:

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Address: \_\_\_\_\_

Description of Work:

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Owner: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Type of structure: \_\_\_\_\_

Proposed use:

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#### Submission Checklist:

1. Site Plan
2. Fee (\$100) + Deposit (Certified Check)

Residential	Habitable space \$500	
	Non Habitable space	\$150
	Renewal	\$100
Commercial	Habitable space \$750	
	Non-Habitable space	\$250
	Renewal	\$100
3. Insurance (Town of North Hempstead as Additional Insurance)
4. Nassau County Fire Marshal Approval
5. Town Clerk Approval

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ZONE \_\_\_\_\_ Date of Application \_\_\_\_\_ Verified by \_\_\_\_\_

The undersigned applicant and owner, hereby agree that any permit hereafter issued upon this application shall be and is issued subject to the strict observance of all laws, ordinances, and regulations enacted for the protection of the Town of North Hempstead.

The Applicant and owner hereby grant permission to the Building Department or its agents to enter upon the property on which this structure is erected or maintained and to remove said structure at expiration of this permit, unless said permit be renewed upon request of applicant by the building Department from time to time for consecutive periods not exceeding six months, or when said structure fails to comply with any and all of the provisions of the administration and enforcement ordinance of the Town of North Hempstead, unless a waiver thereof is granted by the Town Board.

The owner or Applicant shall remove said structure on or before the expiration date of this permit. Failure to comply with this requirement will result in an order from the Building Department to remove said structure within five days of the date thereof, written notice of which shall be, given by registered mail to the owner and applicant at the addresses shown in this application, and said owner and applicant hereby agree that this shall be sufficient notice.

Failure to comply with the order constitutes a violation, and the Building Department will proceed to have said structure removed without any further proceedings by the owner or applicant for removal thereof.

It shall be unlawful to use any temporary structure for any purpose other than that designated in the application and permit.

**AFFIDAVIT OF OWNER OF STRUCTURE**

In consideration of the foregoing application duly made to the Building Department of the Town of North Hempstead, Manhasset, New York, I/We \_\_\_\_\_ hereby agree to preserve and save harmless the Town of North Hempstead from any and all liability and damage, and from all cost and expense for and by reason of any injury or damage to persons or property arising from or in any way connected with the erection or removal of said structure or in the maintenance thereof.

\_\_\_\_\_  
Signature of owner of structure

**AFFIDAVIT OF OWNER OF PROPERTY**

I/We \_\_\_\_\_, the owner of the premises described in this application, have read the foregoing application and hereby consent that a structure be erected and maintained in accordance with this application.

\_\_\_\_\_  
Signature of owner of property

**OFFICE USE ONLY BELOW THIS LINE**

Permit issued for \_\_\_\_\_

Start date: \_\_\_\_\_ Expiration date of permit: \_\_\_\_\_

**Not valid without approval stamp above line**

INSPECTOR COMMENTS			
Inspection	Date	Violation?	Date Corrected Inspector

Temporary structure removal date \_\_\_\_\_

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**TOWN OF NORTH HEMPSTEAD**  
**INSURANCE AND LICENSE REQUIREMENTS FOR A PERMIT**

The Town of North Hempstead, Nassau County, and the State of New York, require that **NO** building permit may be issued until all current insurances and license information is presented for each permit.

**FOR ALL CONTRACTORS: BEFORE EACH PERMIT CAN BE ISSUED**, we require a copy of your current **Nassau County Home Improvement License** (this Nassau license is not necessary for commercial jobs or new home construction). Plumbers or Electricians need a copy of their current license. Proof of Insurance shall be submitted by all contractors, as follows: (a) Proof of Commercial General Liability insurance with completed operations (plus X.C.U. when applicable), to which the Town of North Hempstead has been added as additional insured; (b) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance or proof of the applicant not being required to secure same; and (c) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance or proof of applicant not being required to secure same.

**STAND-ALONE PERMITS** (such as plumbing, signs, fences, trees, etc; (any work not connected to a building permit), where there is a short review process must have all insurances attached at time of application submittal, or they will not be accepted). Explanation: Although the Town keeps computer records, records do not always reflect current coverage, so we require copies of all insurances at time of permit application to prevent any unnecessary delays. For submittals that will take longer to review (such as an addition, alteration, or new home), insurances don't have to be submitted until just before a permit is issued.

**HVAC PERMITS** will only be issued to companies, individuals, or plumber's that hold a Nassau County General Contractors License or a Nassau County Home Improvement License that includes HVAC work. A Nassau County license that states "Air Conditioning" or "Heating & Air Conditioning" is fine. We will be glad to check with Nassau County if there is a question as to coverage for HVAC work.

A **HOMEOWNER** can serve as his own GC on some work if it is only in the home that he currently occupies, using a **BP-1 form**.

A homeowner may also do plumbing work (except any gas related work) on his owner occupied home as well, but must first take a competency test we can provide upon request.

For a **Demolition permit**, a Nassau County Home Improvement License is required unless the entire foundation is removed and a NEW C/O will be issued.

**Liability** insurance is usually submitted on a standard "Accord" form. Some other forms may be acceptable. (Please note: by New York State Law, we can not accept NYS Disability and NYS Worker's Compensation coverage on the Accord form). What we can accept is stated below:

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**NEW YORK STATE INSURANCE REQUIREMENTS – General Municipal Law §125, WCL §57 & §220**

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance. This applies to all businesses with employees.

**1) Form BP-1 (12/08)** Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, **Owner occupied Residence** (This is the **ONLY** form available from the Town of North Hempstead). This form is used by a homeowner who will be doing most of the permit work himself, with no or minimal assistance of up to a total of 40 man-hours per week. This form must be signed and notarized.

**2) Form CE-200 from Group A** attesting to no need for either or both Workers Compensation and Disability Benefits Coverage (Note: If the CE-200 form does not exclude BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the coverage not exempted by the CE-200). This CE-200 form must be submitted with a specific site address for each permit, and the expected duration of the job. The form must have an original signature and date. No copies of this form will be accepted. If the CE-200 is not used or only partially used, then see #3 below

**3)** A form from either or both **Group B and Group C** (which has not been exempted by the CE-200 form).

**The ONLY ACCEPTABLE forms are as follows:**

Group	Form No.	Description
A	CE-200	Certificate of Attestation For New York Entities With <u>No</u> Employees and Certain Out of State Entities That New York State Worker's Compensation and/or Disability Benefits Insurance Coverage is Not Required.
B	C-105.2 (9-07)	Certificate of Worker's Compensation Insurance
B	SI-12 (10/03)	Certificate of Worker's Compensation Self Insurance
B	GSI-105.2 (2/02)	Certificate of Participation in Worker's Compensation Group Self Insurance
B	U-26.3	New York State Insurance Fund Certificate of Work's Compensation Insurance (For demolition work, this form <u>must</u> state that demolition coverage is included)
C	DB-120.1 (5/06)	Certificate of Disability Benefits Insurance
C	DB-155 (1/98)	Certificate of Disability Benefits Self-Insurance

Effective September 9, 2007, all out-of-state employers with employees working in New York State are required to carry a full, statutory New York State workers' compensation insurance policy. An employer has a full, statutory New York State workers' compensation insurance policy when New York is listed in Item "3A" on the Information Page of the employer's workers' compensation insurance policy. It may be appropriate to contact your insurance broker, carrier or agent, check with your trade association, or conduct additional research to find the most appropriate insurance coverage for your company. In addition, a New York State workers' compensation policy may be obtained from the New York State Insurance Fund by calling 1-888-875-5790 and a disability benefits insurance policy may be obtained from the New York State Insurance Fund by calling 1-866-697-4332.